

Beyond Psychological First Aid

Experiences from Katrina
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Pre-deployment

- Patience
- Prepare
 - Training issues in disaster mental health
 - Basic knowledge , skills, attitudes and philosophy
 - Matching above with needs
 - Anticipation of stressors
 - Mental health “go bag”

Deployment assignment and arrival

- Overview of assignment
- Deployed to PHS – “guests” on board
 - The Holiday Cruise Ship:
 - 1400 displaced individuals, including 600 children, from Mississippi docked in Mobile, Alabama
 - Status 7 wks post Katrina

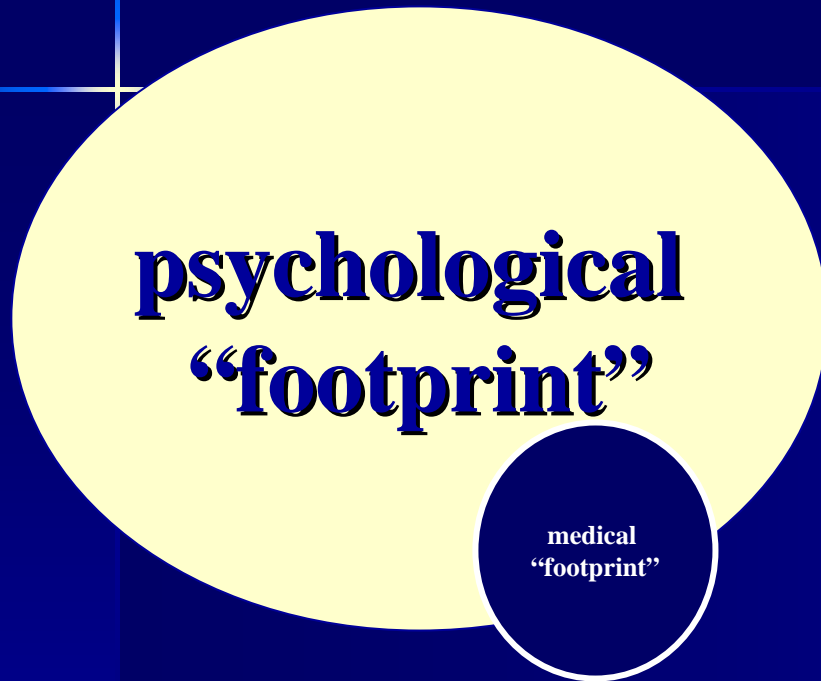


Overview of duties

- Understanding stages of disasters and appropriate interventions
 - Infirmary (conventional mental health)
 - VS
 - Deck (disaster mental health outreach)



Psychosocial Impact of Disasters



Source: Deep Center

Sources: Ursano, 2002;
Institute of Medicine, 2003

Infirmmary: meeting the medical team

- Overlap
- 2- Physicians
- 3- Nurses
-
- 1- psychiatrist
- 1- psychiatric nurse



Integrating mental health within medical infirmary setting

- **Pre-existing** psychiatric disorders
 - Bipolar
 - Substance Abuse
 - Depression
 - Anxiety disorders (panic)
 - Personality Disorders
 - Schizophrenia-Psychotic episodes
 - Behavioral Problems in children
 - ADHD
 - **Prescription drug seeking**
- **New referrals- limited**
 - Depression
 - Children and Adolescent Behavioral issues
 - Abuse/ domestic violence
 - ASR

Infirmary Setting

- Mental health stigma
- Lack of recognition of s/s
- Tendency by psych patients to potentially overuse services
- Opportunity for drug seekers to get free Rx "medication"



Mental health within the medical infirmity setting

■ Medical

- Insomnia
- Physical Illness exacerbated by stress
- MUPS
- Somatization (masked depression and anxiety)
- Substance Abuse consequences
- Prescription Drug Seeking
 - Not initially recognized
 - The “Good Ship Loratab”

What did the medical team need ?

- Uncomfortable with psychiatric disorders and meds
 - Refilling psychotropics
 - On-site consultation & management
- Assistance with Substance abuse issues
- AWARENESS OF PRESCRIPTION DRUG ABUSE
- Problems with staff
- Stress management
 - Volunteer vs “non-volunteer”
 - Feelings of competency
 - Safety and security
 - Case example

Needs of the Medical Team

What did we do?

- **Report QAM numbers/ status**
 - Clarified numbers to include Infirmary and deck contacts
 - Updated on the overall status of behavioral health issues
- **Integrate medicine with psychiatry:**
 - Remain on site during infirmary hours to provide clinical support and informal consultation / referrals
 - Keep everyone in the “loop”
- **Consult regarding substance abuse issues**
 - Prescription drug abuse
 - Issues related to methadone
 - Withdrawal
 - Safety and security of staff protocol
- Develop a system to **identify high risk psych** patients seen in infirmary for follow- up i
- **Provide support and stress management** for medical team and disaster workers

What did the mental health team need?

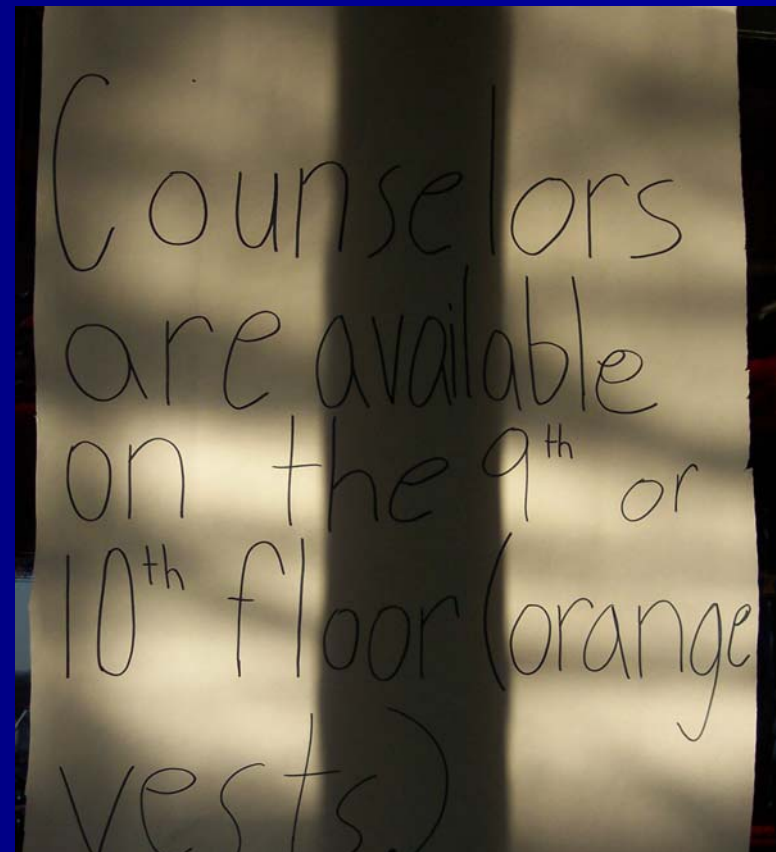
- Who were we?
- Just the 2 of us?
 - Matching skills and interests
- The “other” MH team- Alabama MHC



The other mental health team

“the people in the orange vests”

- Initially 3 Alabama MHC
 - Role: deck rounds – 8am-8pm
 - 30-50 contacts each/day
 - Research/ paper work
 - Refer to infirmary
 - Well trained
 - KNEW THE POPULATION AND LOCAL RESOURCES
 - Concerned MH professionals not trained in DISASTER MH



Counselors
are available
on the 9th or
10th floor (orange
vests.)

The other mental health team

- Exhausted...burning out quickly
 - Too few
 - Too much to do
 - Some were survivors of hurricane
 - Poor utilization: 1:1
- Frustrated over DISCONNECT
 - No way of communicating the overall clinical picture
 - No “authority” to develop
 - Concerned about follow up

What did we do?

Connect and give support

- 8am- FEMA meeting
- 8:30- meet with "orange vests"
- 9-12: infirmary(conventional mental health with integration into medicine)
- 12-1: lunch –"support time"
- 1-3 : deck rounds/ training/consultation/orientation
- 3-6: infirmary
- 7-8:30- dinner- "support time"
- 8:30-10: deck rounds(connected and referred , if necessary, to ourselves)
- On call for psychiatry: 24/7

Mental Health

What did we do ?

- Developed a disaster mental health team
- Met daily to review status
- Clarify the needs of the survivors
- Identified the skills and interests of our team members

Mental Health

What did we do?

- Developed a plan
 - Restore physical safety and diminish psychological stress
 - Educate and expand PFA providers
 - Identification of high risk
 - Development of psychosocial educational support groups
 - Foster social support and restore the social fabric that has been destroyed
 - Empower - Resiliency

Mental Health

What did we do?



- “The most positive results from early interventions are usually those that mobilize community support and address survivor’s human affiliation needs rather than interventions that focus on individual psychological reactions”
 - Orner, Kent, Pfefferbaum, Raphael, Watson- 2006

Identify High Risk

- Direct impact survivors with tremendous loss
 - Children and Adolescents
 - Pre-existing psychiatric illness
 - Elderly
 - Cultural Groups
- Disaster workers
- Self

Child – Adolescent Issues

- Potential child abuse, neglect and abandonment
 - Clinical case
- Sexual predators
- Family Distress and Violence
 - Clinical case
- Pre-existing psychiatric disorders
 - Clinical case
- Behavioral and risk taking

Children

What did they need?

- Preschool

- Status: daycare aboard ship staffed by volunteer parents
- Psychosocial education & support for parents
 - Most common indicators were changes in behaviors
 - What to expect, do , say and when to become concerned

Pre-school children

What did we do?

- Consulted with the day care workers
 - Education and Handouts
- Suggested & provided activities for children
- Parents
 - Available by cell phone
 - Present at the end of day care session
 - Parenting Skills Group formed



School Age Children and Adolescents

What did they need?

- NOT TO BE FORGOTTEN !!!
- Safe environment
- Educate parent about various developmental stages, stress reactions, reduction and management
- Comfort and support system
- Normalization of routine
- Some structure--- some free time
 - School at 6 am – returned 6 pm
 - Undisciplined after hours



School Age Children and Adolescents

What did we do?

- Parent (PTA) meetings
- Educate and inform
 - Empower parents
 - Define “rules” of behavior
 - Foster problem solving
 - FEMA:
 - often a scapegoat
 - Help self and others



Who could help us?

What did we do ?

Find Resources

- AmeriCorps to the rescue !!!
 - Provided training and handouts to their staff
 - Provided consultation
 - Included them in mental health team meetings

Who could help us?

- Additional “resources ” coming on board !!
 - Orient, educate, determine expertise and interest
 - Define role
 - Encourage creativity and flexibility
 - Communicate
 - Supervise
- *Caution: variable & short term tour-*
- *would need to be able to continue what was started*

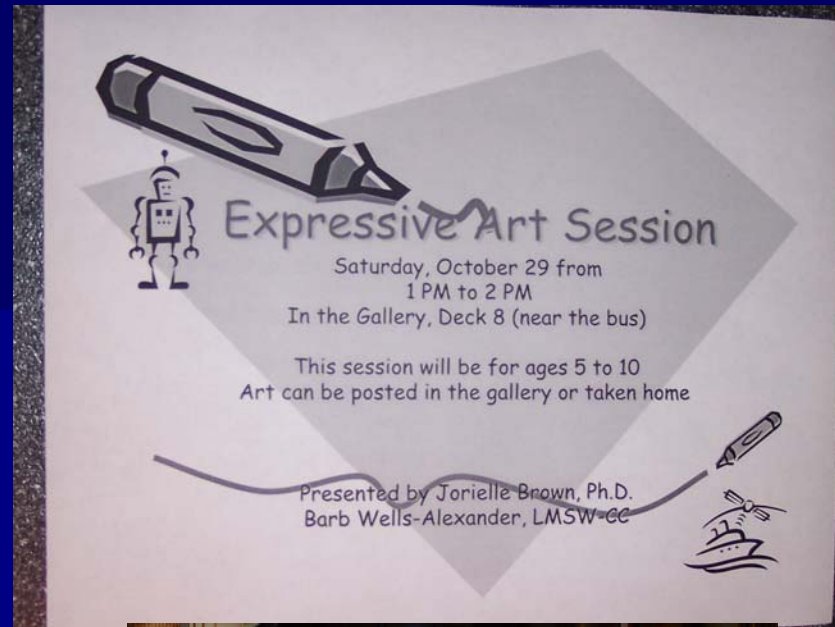


Who could help us?

1 Social worker

2-Psychologists

- Work with AmeriCorps & Alabama MHC
- Parenting skills group
- Develop art and activities group
- GO GIRLS: Psychosocial education group for girls
- Assist in infirmary & deck rounds



Older Adults

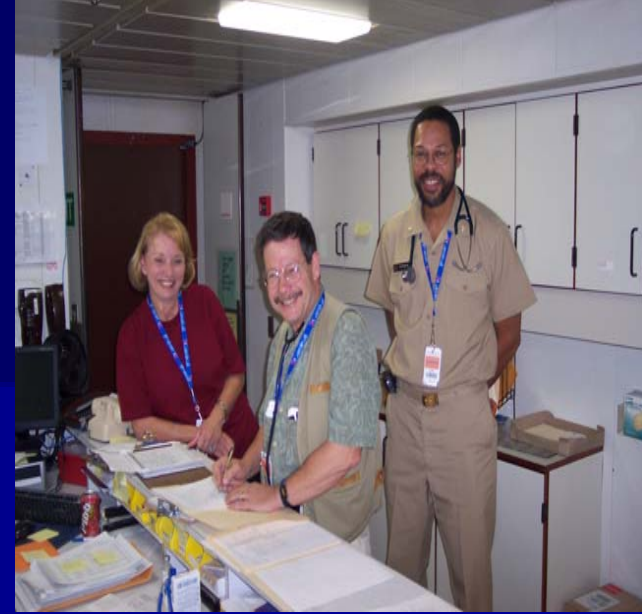
What did they need?

- Support and activities to engage:
 - Reticence to seek mental health care and support
 - Anxiety with unfamiliar
 - Somatic symptoms
 - Worsening of chronic illnesses
 - Reluctance to leave home– relocation adjustment problems

Older Adults

What did we do?

- OUTREACH !!!
- Infirmary
 - double duty
- Support group



The Holiday

Calling all Seniors aboard The Holiday...

Are you interested in having fun, forming friendships, or being just plain frisky? We are organizing to do all three and more!

Call Faye at Ext. 2500 today for time and place.

Time - 1:30pm
Place - mailroom
Day - Thursday

Providing support for disaster relief workers

- Transitional Housing: relocation crisis
 - *“We are going to help you get off the boat”* creates panic among survivors!
 - Provided 2 training sessions
 - Role playing
 - Educational handouts
 - Train to Identify high risk and assist with referrals



Pre-existing &/or psychiatric illness

What did they need?

What did we do ?

- Medication
- Stabilization
- Monitoring
- Support
 - Tendency to overuse infirmary walk- in
 - Develop support group

Substance Abuse

Our major problem

- Most time consuming
- Compromised safety and security
 - Staff/ Survivors/Crew
 - Rumor of danger aboard
 - Prescription drug seeking in the infirmary
 - Problem with prescription refills
 - Complicated medical issues-withdrawal/intoxication/ overdose
 - Lack of referral resources
 - Methadone maintenance

Substance Abuse

Our major problem

- Relationships stressed within community of Mobile
 - FEMA
 - Crime
 - Political
 - Media
 - Abuse of hospital's ER

Substance Abuse

What did they need ?

- Stop the influx and availability of drugs :
 - “I won’t be able to stay clean here on this ship”
 - FEMA
- Resources for support , detox, methadone maintenance

Substance abuse

What did we do?

- Rules on the ship
- Community Resources
 - Unable to connect
- AA-NA Support Groups:
 - Initially no interest
 - Developed direct referral from “infirmary”
 - Co-lead with survivors

Substance Abuse

What did we do?

- Help arrives !!
- SAMSHA & NIMH assists
 - Develop linkage with Mississippi for methadone maintenance



Cultural Differences

What did they need?

- Understand cultural differences in a diverse ethnic and socioeconomic group
- Language difficulties
- Acceptance of help
- Previously traumatized
- Stigma toward mental health
- Expression of grief
- Distrust of government

Cultural Diversity

What did we do?

- Role of “community leaders” aboard ship to represent diverse cultural groups
 - Black Minister
 - Faith Based Support Group
 - Retired Hispanic Teacher and Asian wife:
 - assists with language difficulties and support



Additional Cultural Issues

- Crew:
 - Confused by the angry and disrespectful response
 - Feeling trapped
 - Desire to quit
 - Working through issues with ship
 - Case example



Disaster Workers

What did they need?

- Positive atmosphere of support, mutual respect and tolerance
- Clear chain of command
- Clinical support, consultation and monitoring for stress management
- Goals and strategies appropriate to setting
 - Realistic expectations



Disaster Workers

What did they need?

- Orient and train
 - Disaster response
 - PFA
 - S/S
 - Stress management techniques
 - Buddy System for support
 - Breaks and time away



Communication

What will happen when we get to Mississippi ?
Continuing the work in progress

*** URGENT ***


**THIS SHIP HOLIDAY MOVES
TO PASCAGOULA, MISSISSIPPI
ON:**

**SATURDAY
OCTOBER 29, 2005**

**ALL PASSENGERS MUST
BE ON BOARD BEFORE:**

7:00 AM CDT

**YOU MUST MOVE YOUR VEHICLE BEFORE THE
BOAT SAILS. ANY VEHICLE NOT MOVED
BEFORE SAILING MAY BE TOWED.**



**The Holiday
Special Interest Groups**

The following groups are organizing now. If you're interested in joining them, call the Infirmary and leave your name, cabin number, and interest group.

- Go Girls—for pre-teens and adolescent girls
- Substance Abuse—for alcohol and narcotic abuse
- Parenting—for parenting and early childhood development
- Parenting Teens—for parenting teens
- Faith Based—for religious discussion and Bible Study
- Support Group—for anyone wishing to discuss personal issues and learn coping coping skills

Lessons Learned

Lessons Learned

- Every disaster is different and may require special interventions with the ability to provide care tailored to the timing, context and culture

Lessons Learned

- A clear chain of command, communication and atmosphere of support, respect and tolerance are key to understanding and responding to the need of survivors and disaster responders

Lessons Learned

- Skills and interests need to be carefully matched with possibly 4 levels of “competency”
 - Level 1: General PFA
 - Level 2: MHC response team
 - Level 3: Assessment / Management of referrals /Medication/**Consultation**
 - Level 4: National Advisors

Lessons Learned

- Substance abuse issues created significant problems and have an impact on safety and security:
 - medical issues related to withdrawal &/or intoxication
 - continued sobriety
 - prescription drug abuse, drug dealing
 - crime
 - family violence
 - methadone maintenance

Lessons Learned

- Substance abuse issues created significant problems and have an impact on safety and security:

Lessons Learned

- Most mental health professions have not been trained or **updated** in disaster mental health and may have a difficult time in shifting from conventional clinical practice

Lessons Learned

- Psychological First Aid (Field Operations Guide) is a useful tool in the field and as a training manual for both mental and non-mental health volunteers
- Resource:
 - MRC/National Child Traumatic Stress Network/
National Center for PTSD

Lessons Learned

- Social Support is significant to positive outcomes
 - Be creative, flexible and resourceful



Lessons Learned

- Most people will probably return to “normal” and may even grow from the experience:
 - Do not pathologize or enable
 - Empower them with education, opportunity and support

Lesson Learned

- Integration of mental health into disaster medicine is key

Lesson Learned

- Safety and security are still basic needs that must be addressed beyond the impact phase and ,if not resolved, continue to be disruptive and create stress

Lessons Learned

- Disaster work is rewarding, exciting, exhilarating and exhausting

TO ALL:
FEMA, Carnival Crew + Mobile Police Dept

I was devastated, confused + scared. I lost my whole world right in front of me. I didn't know which way to turn. My life was turned upside down. You took me under your wing. You opened your arms and hearts to me. You went out of your way to set aside your own personal needs for me. YOU DIDNT HAVE TO DO THIS. You made sure I had a nice warm shower, clean clothes to wear, medical needs and always a hot meal w/ the finest foods making sure everything was clean. You tried your best to make sure I had a safe place to lay my head and call the ship "home."

Words cannot express the gratitude for all you have done for me. Your compassion, patience and understanding will NEVER be forgotten.

I Thank God FOR You All!
Kateina Survivor

And it's hard to say good-bye...

